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# Alternative Medicine for Allergic Rhinitis

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## Abstract

In this prospective study, individuals with perennial allergic rhinitis were asked about their usage of herbal remedies and natural items to treat their symptoms. Results 230 patients were enrolled in total. Overall, 37.3% of the patients reported using herbal remedies or natural items at least once. Herbal supplement consumption was more prevalent among women than males (38.3% vs. 32.4%). Stinging nettle (Urtica dioicath), black elderberry (Sambucus nigra), and spirulina were the three most popular forms of herbal supplements (12.6%, 6.1%, and 5.7%, respectively). According to this study, Turkey has a signifcant prevalence of people using herbal remedies to alleviate their allergic rhinitis symptoms. There is discussion of the herbal products found in this study and the literature.

When Bostock frst documented his own "periodical ailment of the eyes and chest," which he dubbed "summer catarrh," in 1819, the history of allergic disease began. This illness was also known as hay fever because people believed that the e f uvium of fresh hay was what caused it. Later, in 1873, Blackley found that pollen was a signifcant factor in the development of hay fever. Today, the term "allergy" is defned as "An unfavourable physiological event mediated by a multitude of unrelated immunologic reactions." The term "allergy" will only be used to refer to IgE-dependent reactions in this review. Atopic dermatitis, allergic rhinitis, allergic asthma, and allergic conjunctivitis are the most signifcant clinical symptoms of IgE-dependent responses. However, the focus of this review will be allergic rhinitis. The development of oedema and plasma exudation as well as increased vascular permeability is the histological characteristics of allergic infammation. Additionally, a series of activities that include various infammatory cells take place. Chemotactic chemicals cause these infammatory cells to go to the site of the injury where they trigger the healing process. The pathophysiology of allergic rhinitis has been linked to a variety of infammatory cell types. In response to particular or general stimuli, the nose's primary efector cells-mast cells, antigen-presenting cells, and epithelial cells-as well as cells that have been recruited there-basophils, eosinophils, lymphocytes, platelets, and neutrophils-generate infammatory mediators (secondary efector cells). The identifcation of each of the infammatory cells and their mediators, which are involved in the recurring allergic reactions in patients with rhinitis, is covered in this review.

**Keywords:** Q ; C ; ; D ; G ; E - ; A ; C

## Introduction

A 5-40% D I /1 .

C D 3. P LPR GERD LPR, H H LPR GERD. I LPR LPR

LPR /2 .

I E- I. A I A /3 .

(HR ), (ANS). S

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HR H ANS D HR /4

## Materials and Methods

F (FF ) ( LF, 0.04 H ), (LF, 0.04-0.15 H ), (HF, 0.15-0.40 H ), LF HF (LF/HF). LF, HF, LF/HF. I ANS HF, LF LF/HF. LF (%), LF.

D O O M F E B J 2012 J 2013, A P S /5.

A M O 2015 90 14 80. 10-P A S EN A D. 54 , 36 N N A NSAID /6.

P M M I N D A L P I A G D I

(D D ), M A D 70%, F L O 20% I A

## Acknowledgement

N

## Con ict of Interest

N

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